

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003413373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

:'o:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign I	Limited 1	_iability	/ Comp	oany
SREIT Can	nri Greer	Apart	ments,	L.L.C.

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$155.00		

Electronic Filing Menu Corporate Filing Menu

Help Mars 23 1

CC1 0 0 100

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SIX TION 605,0002. FLORIDA STATUTEN THE POLITOWING IS SUBMITTED TO REGISTERA FOREKIN TIMITED HABILITY

CUNIPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SREIT Camri Green Apartments, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") At name unavailable, once alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC Delaware (hursalication under the base of which foreign builted liability company is organized) (Date first transacted business in Florida, it prior to registration.) (See sections 603,0004-8, 603,0005, F.S. to determine penalty liability). 1601 Washington Avenue 1601 Washington Avenue (Street Address of Pencepal Office) (Madaig Address) Suite 800 Suite 800 Miami Beach, FL 33139 Miami Beach, FL 33139 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

Registered agent's acceptance:

Plantation

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

City

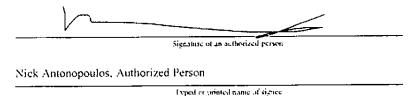
C T Corporation System	Katherine Schneder
By: Katherine Schneider, Asst. Secretary	
(Registered agent's sig.; iture)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Мала <u>ч</u> ег	Name: Nick Antonopoulos	☐ Manager	Name:	
Member	Address:	Member	Address:	
⊠Authorized	Greenwich, CT 06830	Authorized		
Person		Person		
Other	Other	Other		Othe1
Manager	Name:	Managei	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		l'erson		
Other	Other	Other		Othes
Manager	Name:	Managei	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form,

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SREIT THOMAS CHASE APARTMENTS, L.L.C."

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

e at coro delaware gov/authy

Authentication: 203767168

Date: 09-30-20